

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088044

1. Entity Name

SUN OFFICE FURNITURE, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90019 016 ***158.75

Principal Place of Business

Mailing Address

200 S.W. 12TH AVE.
POMPANO BEACH FL 33069

200 S.W. 12TH AVE.
POMPANO BEACH FL 33069-3224

2. Principal Place of Business

910 SW 2nd Place

3. Mailing Address

910 SW 2nd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number

65-0873486

Applied For

Not Applicable

Zip
33069

Country
Broward

Zip
33069

Country
Broward

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRWIN, KIRSNER
910 SW 2ND PLACE
POMPANO FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KIRSNER, IRWIN
910 SW 2ND PLACE
POMPANO BEACH FL 33069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
REDDITT, JOANNA
910 SW 2ND PLACE
POMPANO BEACH FL 33069

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STREET ADDRESS
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CITY-ST-ZIP
Kirsner, Irwin

☒ Change

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRWIN KIRSNER, PRESIDENT

Jan. 24, 2000

(954) 784-0111

CR2E034 (9/99)